

SENATE BILL NO. 82

INTRODUCED BY J. COBB

BY REQUEST OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE DEFINITION OF "INTERMEDIATE CARE FACILITY" FOR PURPOSES OF THE UTILIZATION FEE ON RESIDENT BED DAYS; INCREASING THE UTILIZATION FEE FROM 5 PERCENT TO 6 PERCENT; AMENDING SECTIONS 15-67-101 AND 15-67-102, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A RETROACTIVE APPLICABILITY DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 15-67-101, MCA, is amended to read:

"15-67-101. (Temporary) Definitions. As used in this chapter, unless the context requires otherwise, the following definitions apply:

(1) "Calendar quarter" means the period of 3 consecutive months ending March 31, June 30, September 30, or December 31.

(2) "Department" means the department of revenue established in 2-15-1301.

(3) "Intermediate care facility" or "facility" means an intermediate care facility for the developmentally disabled licensed pursuant to 50-5-238 or an intermediate care facility for the mentally retarded that is in compliance with the federal standards provided in 42 CFR, part 483, subpart I, for medicaid conditions of participation.

(4) (a) "Quarterly revenue" means all revenue received during a calendar quarter by a facility operating in Montana for providing for client care.

(b) For facilities operated by the state, the term means total expenditures for the quarter.

(5) "Report" means the report of resident bed days required in 15-67-201.

(6) "Resident" means an individual obtaining care in an intermediate care facility.

(7) "Resident bed day" means each 24-hour period that a resident in an intermediate care facility is present in the facility and receiving care or in which a bed is held for a resident while the resident is on temporary leave from the facility. The term includes all benefit days as defined for medicare reporting purposes in section 242.1 of Publication 12, the Skilled Nursing Facility Manual, published by the centers for medicare and medicaid

1 services, regardless of the source of payment.

2 (8) "Utilization fee" or "fee" means the fee required to be paid for each resident bed day in an
3 intermediate care facility, as provided in 15-67-102. (Void on occurrence of contingency--sec. 17, Ch. 531, L.
4 2003--see chapter compiler's comment.)"

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6 **Section 2.** Section 15-67-102, MCA, is amended to read:

7 **"15-67-102. (Temporary) Utilization fee for resident bed days.** (1) Each calendar quarter, an
8 intermediate care facility shall pay to the department a utilization fee for each resident bed day calculated as
9 provided in subsection (2).

10 (2) The utilization fee is ~~5%~~ 6% of the intermediate care facility's quarterly revenue divided by the
11 resident bed days for the quarter.

12 (3) In accordance with the provisions of 15-1-501, all proceeds of the utilization fee, including penalty
13 and interest, must be deposited as follows:

14 (a) 30% in the state general fund; and

15 (b) 70% in an account in the state special revenue fund established pursuant to 53-6-1101 to the credit
16 of the department of public health and human services to finance, administer, and provide health and human
17 services. (Void on occurrence of contingency--sec. 17, Ch. 531, L. 2003--see chapter compiler's comment.)"

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19 **NEW SECTION.** **Section 3. Effective date.** [This act] is effective on passage and approval.

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21 **NEW SECTION.** **Section 4. Retroactive applicability.** [This act] applies retroactively, within the
22 meaning of 1-2-109, to tax years beginning after December 31, 2004.

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